## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-145

Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885										
INSTRUCTIONS: This is appropriate. All further condicated unless corrected maintenance fee notification.	form should be used orrespondence including the below or directed off	or transn ig the Pa ierwise in	nitting the ISSU fent, advance of Block 1, by (	JE FEE and PUBLIC rders and notification a) specifying a new co	ATION of main	N FEE (if requ ntenance fees v ndence address	ired). B vill be i ; and/or	locks I through 5 sh nailed to the current (b) indicating a separ	ould be completed where correspondence address as ate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
	KOLOFF TAYL DPARKWAY	/2007 OR & 2	ZAFMAN		I hereb States I address transmi	v certify that th	is Fee(s	of Mailing or Transn ) Transmittal is being ficient postage for first ISSUE FEE address: 1) 273-2885, on the da	nission deposited with the United class mail in an envelope above, or being facsimile te indicated below.	
				]	I	> Chuno	1	1/.	(Depositor's name)	
				[			Ni	7 , ,	(Signature)	
				Į				12/17/07	(Date)	
APPLICATION NO.	FILING DATE	T		FIRST NAMED INVENT	FOR		ATTO	ENEY DOCKET NO.	CONFIRMATION NO.	
10/675,875	10/675,875 09/29/2003				ne .	42P17507			6817	
TITLE OF INVENTION:									-	
APPLN, TYPE	SMALL ENTITY		E FEE DUE	PUBLICATION FEE DUE		PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1400	\$300		\$0		\$1700	12/17/2007	
EXAMINER		A	RT UNIT	CLASS-SUBCLASS	7					
SUGENT, J	2116	713-500000								
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1363).  Change of correspondence address (or Change of Correspondence Address for DrONB/122) attached.  "Fee Address for McTess" indication (or "Fee Address" Indication form PTO/SB/12; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patient front page, list (1) the sames of up to 3 registered patient atterneys or agents OR, alternatively. (2) the same of a single firm thaving as a member a 2 registered patient atteneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AN							-			
PLEASE NOTE: Unle recordation as set forth	ss an assignee is ident in 37 CFR 3.11. Com	ified belo sletion of	w, no assignee this form is NO	data will appear on th T a substitute for filing	e pater	nt. If an assign ignment.	ee is id	entified below, the do	cument has been filed for	
(A) NAME OF ASSIG	NEE			(B) RESIDENCE: (C	ITY an	d STATE OR O	COUNT	RY)		
Intel Corpora	ation			Santa Clara,	Calif	fornia				
Please check the appropria	ite assignee category or	categoric	es (will not be p	rinted on the patent):	🗆 in	dividual 🛭 C	orporatio	on or other private gro	up entity Government	
4a. The following fee(s) as Issue Fee Publication Fee (No	65. Psyment of Fec(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Psyment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any everpayment, to Deposid Account Number _ 02 < 2666 (enclose an extra copy of this form).									
5. Change in Entity Statu	SMALL ENTITY state	s. See 37		☐ b. Applicant is no	longer	claiming SMA	LL ENT	TTY status. Sec 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requestords of the United Sta	nred) wil tes Patent	I not be accepte and Trademark	d from anyone other the Office.	an the	applicant; a regi	stered a	ttorney or agent; or the	assignce or other party in	
Authorized Signature			Date 12	14	107					
Typed or printed name		Registration No. 25,129								
This collection of informat an application. Confidents submitting the completed this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 2231.	tion is required by 37 C ality is governed by 35 application form to the ns for reducing this bur- ginia 22313-1450. DC 3-1450.	FR 1.311 U.S.C. 1: USPTO. den. shot NOT SE	. The information 22 and 37 CFR Time will vary ald be sent to the ND FEES OR	on is required to obtain 1.14. This collection is depending upon the in e Chief Information Of COMPLETED FORMS	or retains estima dividu ficer, U TO T	in a benefit by t ated to take 12 is al case. Any co J.S. Patent and HIS ADDRESS	he publi minutes mments Tradem S. SEND	c which is to file (and to complete, including on the amount of tim ark Office, U.S. Depa TO: Commissioner fo	by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O. or Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.